

# ESTI

## EGO STATE THERAPY INTERNATIONAL NEWSLETTER

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Inside This Issue	
Letter from ESTI President	2
Interview with Wendy Lemke	3
Clinical Corner	6
Articles and Research	10
Book reviews and new books	12
News from the ESTI community	14
International Congresses	16
In Closing	16

### *Dear Ego State Colleagues, Therapists, and Friends*

Welcome again to our ESTI Newsletter, the heart of connection and communication within the Ego State Therapy International community!

We will continue to add resources to our ESTI website so please continue to visit our website and to refer friends and colleagues as well to: <http://www.egostateinternational.com/>.

ESTI members who are certified Ego-State Therapists are posted on this website and are listed by country at <http://www.egostateinternational.com/esti-certified-therapists.php>. Because ESTI continues to grow so rapidly, we also suggest that you search websites for the countries you are interested in.

Information regarding the participating countries is also available on the ESTI website, please have a look at: <http://www.egostateinternational.com/participating-countries.php> The websites addresses of the institutes offering Ego State Therapy training is available at: <http://www.egostateinternational.com/links.php>

Our reward feature continues in this issue. We have included a “bonus box” in the newsletter, all you need to do is click on the link provided which will help you access the featured bonus.

Thanks for taking the time to read our current news and for continuing to contribute to Ego State Therapy. Please send specific information you would like to publish to [maggiephillipsphd1@icloud.com](mailto:maggiephillipsphd1@icloud.com)



**Maggie Phillips, ESTI Newsletter Editor**

## LETTER FROM ESTI PRESIDENT

Dear Ego State Therapy Colleagues, Therapists and Friends,

Hope you all had a wonderful start into 2020!

I am looking forward to meeting many of you in April at the 7<sup>th</sup> World Ego State Therapy Congress in Cape Town. We all will share a very nice time and inspiring workshops during the congress. You will also have the chance to meet the next ESTI-President at the Post Congress, Jenny da Silva-Faça who will take over the task.

ESTI still has a lot to do to improve ESTI structures and communication and I hope we can implement an “ethics committee” during our meeting during this Ego State Therapy Congress event.

To look back on my Presidency, I am very glad that the Presidents before did such a wonderful job to get ESTI started so well. ESTI is growing all over the world and implementing Ego State Training Programmes. We are doing training in US, Europe, South Africa, China, Hong Kong and Japan. Australia and Canada are coming. Isn't it amazing: Ego State Therapy works all over the world in different cultures? It is a challenge to find out how each culture influences the resourceful Ego States and the possibilities to deal with psychological traumatization. It hope there might be future scientific studies on this topic.

Last year I have signed many certificates for Ego State Therapists in Hong Kong. I had the chance to meet the students in Hong Kong twice and I am deeply impressed and thankful for the experience. And now a brief note to them:

“My dear friends and colleagues in Hong Kong: I know you have excellent training and you are working very hard to improve Ego State Therapy. But most of all you are having a very hard time because of the political situation in Hong Kong and I know that makes your work very important. Be sure you are not only part of ESTI but also of my heart”.

With all the best wishes for 2020.

Yours,



**Uschi Helle, ESTI President**

## INTERVIEW WITH WENDY LEMKE



Please enjoy my interview with Wendy Lemke, M.S. a rising star in hypnosis and Ego-State Therapy in the U.S. I am privileged to have Wendy as my partner in launching and implementing the Ego-State Therapy certification program in our country. Since very few of you know Wendy, here are some of the awards and honors she has received:

- 2014, The Daniel P. Kohen M.D. Outstanding Clinician Award for recognition of outstanding leadership in the clinical practice, teaching, and utilization of therapeutic hypnosis by the Minnesota Society of Clinical Hypnosis;
- 2014, American Society of Clinical Hypnosis Presidential Award;
- 2011, Fellowship status, International Society for the Study of Trauma and Dissociation;
- 2010, American Society of Clinical Hypnosis Merit Award for efforts in expanding clinical hypnosis education to the International Society for the Study of Trauma and Dissociation;
- 2005, The Harold B. Crasilneck and Sherry Knopff Award for Best First Paper published presented by the American Journal of Clinical Hypnosis and the American Society of Clinical Hypnosis.

### **Wendy, how did you decide to become a psychotherapist and a psychologist?**

Most people would find it amusing that my first chosen career path was computer science. It only took a few weeks in the computer lab to know I wanted to work with people, not things. I decided on a criminal justice major with a minor in psychology, as I have always been fascinated with why people do what they do; in particular, I found the criminal mind intriguing. However, I loved my psychology classes so much that I decided to double major as I couldn't choose! My senior year, I had more clarity and decided to pursue my master's degree and work towards psychologist licensure immediately after I graduated. I loved the classes and the field and knew I wanted to work clinically. Also at that time MN was one of four states where you could become a psychologist with a master's degree. I didn't waste any time as I was eager to start, and I had to complete all the requirements before the licensure rules changed. In hindsight, I wish I had pursued my doctorate, but I have been blessed with many opportunities to advance my career without it.

### **How has your career evolved so far?**

It's been an amazing and rewarding adventure. I was fortunate to have had a clinical hypnosis class during my graduate program that fueled my passion for clinical hypnosis early in my career. I found the Minnesota Society for Clinical Hypnosis (MSCH) my first year of employment and completed their Basic training. I became a member immediately after, and have been attending their conferences ever since. After about ten years, I wanted to meet "the relatives" and attended my first American Society of Clinical Hypnosis (ASCH) Annual Meeting. I was extremely impressed and my professional family expanded as did my career interests, aspirations and mentoring experiences. I still believe my clinical hypnosis training has been the best training and gift I've been able to use with my clients. This has inspired my desire to educate other clinicians and become more involved in leadership with both MSCH and ASCH. I have served numerous times on the executive committee for ASCH including two stints as Vice President and on various committees throughout my career. I've taught various clinical hypnosis offerings including some on EST for ASCH at regional conferences, annual conferences, several state societies, for the International Society for the Study of Trauma and Dissociation (ISSTD) and other hypnosis workshops around the globe. I've loved it all and appreciate the opportunities that have come my way to share my passion. I even had the opportunity to teach for the Japanese Society of Hypnosis in Tokyo which I found fascinating as it was the first time I've used interpreters in demonstrating clinical hypnosis.

Besides my interest in clinical hypnosis, I was also initially interested in working with women in the area of sexuality. I took a SAR (Sexual Attitude Reassessment seminar) weekend in graduate school, which intrigued and fueled that area of study. I was pursuing getting certified through ASSECT (American Association of Sex Educators, Counselors, and Therapists) at the same time I was also getting certified in clinical hypnosis. However, my cases seemed to be taking me elsewhere and I became much more interested in trauma and dissociative disorders and pursued whatever training could assist me with these clients, including Ego State Therapy.

I always had some interest in trauma as I had volunteered extensively for the Central MN Sexual Assault Center (CMSAC) during my college years and later served on the CMSAC board for fifteen plus years but it wasn't until my first case of what then was classified as multiple personality disorder that I became really passionate about helping those with complex trauma. I later became frustrated with the lack of education and even disbelief about the disorder, so I produced a documentary called: *You're Not Crazy & You're Not Alone: Inside the Inner World of Dissociative Identity Disorder*.

This led to my expanding my professional family to the ISSTD (International Society for the Study of Trauma and Dissociation), and later combining my passion for clinical hypnosis by bringing Basic trainings in hypnosis to ISSTD. I'm delighted that ISSTD continues to provide ASCH approved trainings and that I've been able to be a part of educating so many clinicians about hypnosis.

I would never have imagined where I'd be 31 years ago, nor would I ever have thought I'd be teaching other clinicians around the world. I started in a non-profit agency, moved to private practice, added consulting and teaching to my practice as well as teaching as adjunct for a local University. I love the variety but as I age, I hope to do more of what I love most and cut back on the rest.

### **How did you become interested in Ego State Therapy?**

During my first year working for Lutheran Social Service, I was facilitating a Survivors Group for adults who had been sexually abused. We were at a session where we were discussing 'honoring what you did to survive', and one woman shared how she had discovered other parts of herself to help her manage and went into a description of these parts. I was fascinated and thought at the time she was describing multiple personality disorder which I knew little about. She wanted to work with me individually, and I informed her that I was a beginner in working with this issue, and was willing to learn and consult with more experienced professionals, but that perhaps she might want to consider a referral. She was adamant that she felt comfortable with me and that it was the therapeutic relationship she was most concerned about. She taught me more than any of my mentors could about ego states. She was very self-aware and had one part that was able to help direct the therapy, and educate me on what was needed, and on what part needed to talk to me. It turned out she did not meet the criteria for what was called multiple personality at the time, but she was diagnosed with dissociative disorder NOS. I was fascinated by the success of working with her different states of self and began noticing how other clients used language indicating parts of self as well. Since I was trained in hypnosis, I started utilizing a parts approach with effectiveness. It was also at this time (early 1990's) that the Minnesota Society of Clinical Hypnosis brought in Jack and Helen Watkins to teach at their annual conference. I couldn't believe there was a theoretical and therapeutic approach based on what I was witnessing in my practice. I was sold! I began taking whatever trainings I could and continued utilizing Ego State Therapy more and more in my practice.

### **Who have been some of your mentors in your professional journey? How did they help you?**

There have been far too many to mention, so I'll just highlight a few that were very instrumental in my career advancements in terms of providing inspirations and paving the road. I've been blessed not only professionally but also with wonderful supportive personal relationships throughout my career and I can't possibly mention them all.

**John Sowada**, former President of the Minnesota Society of Clinical Hypnosis, encouraged me to consider teaching for MSCH and gave me my first professional presentation assignment. After hearing me present a case at an ASCH annual workshop offering that Claire Frederick was teaching, he encouraged me to consider teaching for ASCH and informed me that I could start by presenting a paper as I was too overwhelmed at the thought. I wrote a paper, and presented it at the next annual meeting, and then went on to publish it. Without his encouragement and suggestions, I'm not sure I would have ever considered it.

**Gina Manlove**, another MSCH colleague, has been very personally and professionally supportive of me throughout the years, but especially helpful with my initial teaching and involvement with MSCH. We have also been able to teach hypnosis offerings together through ISSTD.

**Dave Wark**, former MSCH and ASCH president was very encouraging and supportive of me all throughout my career. While president of ASCH, he asked me to chair the membership committee, and also was very helpful in supporting my efforts to bring basic hypnosis trainings to ISSTD.

**Akira Otani**, ASCH colleague who I've had the opportunity to co-chair basic conferences with. He's been both personally and professionally supportive, including recommending me to the Japanese Society of Hypnosis to assist them with their trainings as well as many other recommendations throughout the years. He reads more than anyone I know and I value his expertise in so many areas that benefit my life both personally and professionally.

**John and Helen Watkins**--what can I say? It all started with their presentations in Minnesota! I didn't know Helen very well as she passed away just as I was starting to teach for ASCH and prior to my published paper on EST with sexual disorders. Jack attended that paper presentation, and was always encouraging and supportive.

**Priscilla Morton**, a dear friend and colleague who also was passionate about Ego State Therapy. She encouraged me when I was just starting to present at ASCH. I'll never forget a presentation of hers I attended at ASCH where she stated that she felt she had channeled Helen in order to give presentations, and that the Helen voice shared that she didn't have to be Helen, she could just be herself. I've used those same words to myself when I present, as I used to suffer from severe public speaking anxiety. Priscilla also did a group presentation that was very helpful to me personally with my speech anxiety when I participated in her class.

I've learned so much from **Claire Frederick's** teachings and she was always very supportive and inclusive of me when attending conferences. For example, I was fairly new to ISSTD and I was attending a workshop she was presenting. I wasn't even sure she knew who I was at the time, yet she mentioned my name as another expert on EST and someone who has contributed to the EST literature. It's the little things that help boost confidence and spur motivation!

**Maggie Phillips**, not only have you been an incredible teacher, but you've been so supportive, encouraging, and motivating even to the point of making bets to get me going! I've so appreciated all of the opportunities you've provided from inclusion on committees, teaching together, webinars, and now collaborating with writing endeavors. Thank you for all you've done for me and all you do to increase awareness and education in the field.

### **What benefits have you experienced in using Ego-State Therapy in your clinical practice?**

I honestly don't know how someone would work 'effectively' with dissociative identity disorder without training in Ego-state therapy but perhaps more intriguing is the success I've had by recognizing the value of normal multiplicity and by applying ego state strategies to other clinical issues/disorders. I utilized EST often when working with sexual dysfunction and in my published writing on that topic. I've also used it with OCD, marital concerns, anxiety, depression, somatic complaints, and of course PTSD and dissociative disorders.

### In what directions do you envision your work moving in the next 5-10 years?

I've cut back on teaching at the University and I'm enjoying having extra time to focus on my practice and to plan other endeavors. I really enjoy teaching other clinicians and hope to expand training opportunities in clinical hypnosis as well as in ego state therapy. I'm also hoping to do more writing and publishing on EST and to create more interest in certification in the U.S.

Thank you, Wendy! If you would like to contact Wendy directly, please email her at Wendy Lemke [wklemke@aol.com](mailto:wklemke@aol.com). You will also see another side of Wendy in this edition's bonus located in the bonus box below.

**Bonus Box. Thanks for reading this far.** Your bonus in this issue is a link to a documentary film, *You're Not Crazy and You're Not Alone: Inside the Inner World of D.I.D* (Dissociative Identity Disorder), written and produced by Wendy Lemke, who is featured in the Interview presented above. Thanks to Wendy, we have free access to this film of more than 55 minutes until March 31<sup>st</sup>. Here is the link: [https://youtu.be/EYeOwIE\\_S6](https://youtu.be/EYeOwIE_S6). Don't delay watching this unique and well-presented film!

## CLINICAL CORNER



It's always a pleasure to include the case studies and clinical work of our members. For this issue, we present two case examples from Silvia Zanotta, co-chair of Ego-State Therapy Switzerland, excerpted from her book released in 2019, **Wieder Ganz Werden: Traumaheilung mit Ego-State-Therapie und Körperwissen-- "Whole again - Traumahealing with Ego State Therapy and Body Wisdom"**; Published by Carl-Auer Verlag.

### Case 1

Dr. Zanotta reports her first session with a 52 year- old female client in a managerial capacity who is on the verge of breaking down, due to severe workplace bullying and constant overwork, and is suffering from severe fears. She reports a history of severe emotional neglect and a lack of parental care in early childhood. In the first session, she is overwhelmed with feelings of fear. The therapist asks for her permission to speak directly to the frightened ego state, a four year- old girl who is all on her own. The therapist then explains to the little one that it is over, that now she has the power to change that memory through her immediate environment, in a way that she feels good, safe and cared for. The four-year-old settles in a meadow where the sun is shining, where she can run around lightheartedly, and where a kind woman and a caring man play with her and give her safety, love and appreciation. She then goes on to create a safe boundary of glass around this safe meadow, having been invited by the therapist to do so. The client settles and feels relieved.

As an additional stabilizing measure, to take distance from the overwhelming feelings, the therapist invites the client to meet her inner observer: "The fact that you can speak about your thoughts, feelings and body sensations shows that you can observe them. So, you are more than those fears. Imagine standing behind yourself, putting one hand on your shoulder and observing yourself acceptingly. Can you do that?" The client withdraws to the position of an observer, calming down even more. Since the distance was good for her, the therapist reminds her: "Whenever it gets too much, you can withdraw to that position of an observer and watch from a distance." After that, the client feels relieved, relaxed, with a pleasant feeling in her chest.



In the second session, the four-year-old still feels safe and cared for in her meadow. However, the client is suffering from a primordial fear, which threatened to throw her off her feet. When the therapist invites her to explore this fear and the body sensations associated with it, she feels powerless, incapable of action, and is overcome by an enormous fear, undefinable and unfathomable, connected to a very small ego state, a baby alone in the cellar. She lacks the words, she is completely helpless, and caught up in these diffuse sensations. Since her level of arousal is very high and she no longer feels her body, the therapist asks for her permission to sit next to her and to touch her on her shoulder. At the same time, the therapist soothes the baby, also explaining to her: "This is not happening now. You are safe now. You are not alone. I am with you. It is over!" Her soothing voice gives the adult client (and her baby ego state, of course) containment, and she starts settling.

Now and then the therapist lets her pause and asks about her body sensations: "What is it like now in your body?" After a few minutes she starts feeling her body and her physical boundaries. The therapist asks the client: "Who could hold the baby and protect it? She is so terribly lonely!" With the support of the therapist, suggesting different possibilities of how to care for the baby, she begins to describe a mother figure, first tentatively, then more and more accurately, who is relating to the baby a hundred percent, nourishing, holding, protecting and giving it warmth, comfort and safety. As the baby has everything it needs and has also understood that it will always be like that from now on, the therapist asks the client how she feels. Her sensation and emotional states have completely changed. "Light, cheerful, strong, invulnerable" is how she describes what she feels. "Nothing can knock me over!"

The therapist writes these sentences on a piece of paper which she hands over to the client at the end of the session. The client, now completely in her adult state, cannot quite trust yet those new feelings and sensations. It is utterly understandable that she and the baby need time and continuity for this big change. The mother figure must keep proving and showing on the inner stage that she is there. The baby still needs to be greatly appreciated by the therapist for its great suffering and for how terrible it was to be without body contact with the mother. The therapist assures the baby that it cannot be blamed, that this should not have happened, and that, like every baby, it has a right to be loved and cared for. She adds: "You are utterly loveable just the way you are. I am happy that, at last, you are safe, the way you always would have deserved it!"

At the end of the therapy, looking back at the whole therapeutic process, the client reports that the first two sessions had been very impressive. In the first session, the safety of the four-year-old in the garden had already triggered physical changes. In the second session, she had come back into her body, and this had happened through the touch on her shoulder. It had been an "Aha! moment: "Oh, yes, I am here!"

She also reports that her whole attitude towards life had changed through the therapy. Constantly moving back and forth between the present and early childhood ego states had been "dramatic" for her. But now she had new strategies, the new inner images were helpful, and she felt confidence that could evoke them anytime. Thus, "Fidgety Philipa" (a resource state that showed up in the course of the therapy) was consistently skipping in front of her. She was also feeling strong in everyday life.

This case study clearly shows how important a supportive therapeutic relationship is for self-soothing through coregulation, especially when the client is overwhelmed by younger or preverbal ego states and existential fear, as in this case. Coregulation happens here through the therapist being present and offering *containment* (Bion 1970). The psychoanalyst Wilfred Bion suggested a model for therapeutic interaction that leans on the mother-child relationship. According to this model, coregulation happens through containment, just as a child can project overwhelming feelings onto its mother and then understand and handle them. The mother helps to reflect these feelings back to the child in a way that allows it to understand and tolerate its feelings.

In hypnosomatic ego state therapy, the existentially threatened ego states flooded with panic are accompanied by the therapist in a soothing way, through a pleasant prosody of the voice and sometimes also with a few carefully applied touches, pausing to allow the client to absorb the experience, and offering mindful perception, so they can realize that the past is over, that the clients are now in a safe place and can build their inner environment according to their own wishes, until they feel fully safe and protected. Bion (1970) suggested that a triangulating place in the therapist is needed for this process of containment, a so-called "thinking container" in which they can process and interpret the material received, predigest it as it were, before reflecting it back to the client.

Hypnosomatic ego state therapy takes this a step further. By emphasizing mindful sensory perception, an observer ego state, “the inner observer”, who helps to take distance from intrusive overwhelming feelings, is activated in order to promote stability and autonomy in the client.

In the sessions following this section, the client was shown additional soothing breathing techniques, and a tapping technique according to Michael Bohne (2010). For support and coregulation in her daily life, she achieved security through trance experiences such as “Inner Strength” (McNeal and Frederick, 1993; Phillips and Frederick, 1995) which were recorded on her mobile phone. She listened to these recordings in between sessions, and finds this practice is especially helpful given the difficult situations that she keeps having to face in everyday life. Thus, the client can constantly improve and increase her abilities to self-regulate and slowly find a more stable balance.

## Case 2

In a second case example, Dr. Zanotta shows how a preverbal ego state can be helped to express itself on a body level through a somatic bridge, and how, through the unfolding of involuntary physical processes, a solution for a complex intrapsychic predicament can just “emerge.” This requires that a safe therapeutic relationship has already been established and that there is permission to act out body impulses accurately, letting it happen while both client and therapist attend the process in a mindful and positively curious way.

The client, in her mid-forties, Mrs. Y, wants to work on her extreme aversion toward her mother. The therapist asks her to imagine a situation where she experienced aversion and to feel into it, and then to describe as accurately as possible what it is like for her. The client reports: “I feel like yelling. I bite my cheeks, everything is contracting, tensing up, I see my mother as the color of clay. I am about to throw up!” She starts to choke. The therapist asks her to stay with her experience and observe her body sensations.

Next the therapist asks to speak directly to this tensed up part. The client agrees and is asked, “What shall I call you?” The client responds, “She is still very small.” The therapist then makes a suggestion, “Shall I call you ‘Everything-is-Contracting’? – She nods. The therapist then says, “Everything-is-contracting,” I have heard from Mrs. Y. that you feel very much disgusted by your mother. Somehow, you feel threatened, and she scares you.”

After the client nods, the therapist says, “Now listen carefully. This is not happening now. It is over. You are safe now. This is a memory stored in your brain and in your body. And you can now change that memory. You have the power and the right to change this memory until you feel completely comfortable. For instance, you can shrink your mother until she is the size of a pea; you can put her further away until she no longer disgusts you. Can you make her small and create distance?” The client responds, “I’m not able to think yet!” The therapist then asks, “What does your body want? What do you feel?” The client’s feet and hands twitch nearly imperceptibly. The therapist picks up on movement. “Notice the smallest impulses, ‘Everything-is-contracting’, your body knows exactly what has to be done. Just let it happen, slowly, in slow motion. Let your body do what it has always wanted to do and was not able to do then.”

After a pause, the therapist asks, “What does your body want?” The client responds, “It wants to kick. But it doesn’t dare to yet”. The therapist tells her, “Then imagine that it is kicking, in slow motion, very slowly, give yourself and your body all the time you need.” After a few minutes, the client’s hands and feet start moving (her feet are on a cushion). The therapist goes to the client and holds the cushion so that the kicking feet now encounter resistance. The therapist continues, “Very good. Slowly. Give your body time to release. Slowly so that you can always feel what it is like. Very good. That’s it!”

The client then starts making struggling movements with her hands and feet, first tentatively, then more and more clearly and strongly in a defensive struggling in slow motion. The therapist offers resistance at the feet, supporting and slowing things down by saying: “Very slowly, very good, even slower.” When the client’s breathing stops, she adds, “And – breathe! Just keep breathing easily! That’s it! And now feel again what it feels like now!” The therapist can feel that a lot of energy and strength is released. She invites the client to pause now and, again, to track what she is feeling.



Therapist: “Only you know how long your body needs to repeat this, how long it takes until it is ok.”

When asked during one of the pauses what it is like, the client answers: “I feel like a beetle on its back but I have a lot of strength. There is a golden egg around me protecting me, a safe boundary for me, my back is connected to the egg, I am like a scarab. I can defend myself. At last I am protected and free.” The therapist asks, “Does the name ‘Everything-is-contracting’ still fit now?” The client’s answer is no. The therapist continues, “What can I call you?” The client answers, “Golden Beetle.” The therapist then inquires, “Do you need anything else, Golden Beetle?” After the client has said no, the therapist addresses the adult client of today: “What is it like now, Mrs. Y.?” The client answers: “I am still in the feeling of gold. It is very pleasant.”

The therapist then asks her to go back again and feel into the situation at the beginning of the session, when she was feeling so much disgust towards her mother and asks, “How is this now?” The client says, “Everything is much further away.” However, when she puts herself more fully in the “situation of disgust,” her body reacts immediately and very violently. She says she feels like screaming—a baby’s scream of protest, biting, an early defense reaction, and again says that everything is contracting. Her body then assumes a position of freeze, a defense reaction in service of her self-protection and, ultimately, her survival. Here, we discover a very young preverbal ego state responsible for the feelings of disgust towards the mother. Since at this age visual images are still missing, they must first be created.

The therapist contacts the ego state “frozen” in defense and disgust, directly on a body level. This “baby ego state” cannot run away from the mother’s invasive behavior. And it cannot defend itself with kicking, since it depends on the mother for survival. So, there is nothing else for her to do but to remain there, to “freeze”, generating tightness and disgust. Both are symptoms of the defensive energy mobilized for a fight and flight reaction but unable to be acted out and now trapped in the body. This energy can be made to flow and release by attending to it, slowing things down and providing safety. As the therapist stays firm and unwavering, the client and her baby ego state can feel their own power disengaging from the tightness and in the process feel even more “empowered” through the safe boundaries. The fear is also separated from the paralyzing freeze, so that the intense energies bound in a state of immobility can be released (Levine, 1998).

By speaking directly into the system, the therapist then informs the baby ego state remaining in the past (Watkins & Watkins, 2003) that the suffering, helplessness and dependency are over and that it is now free and able to determine by itself what it wants to do. As the baby ego state begins to feel its power, images start arising such as the scarab with the golden egg protecting it. The tensed-up baby becomes the golden beetle. This is a clear example of how, by including the body, preverbal ego states which can sometimes not express themselves with words, can have a lasting corrective experience in a relatively short time and can develop further if nourished later in life. Here, the baby ego state reaches a higher level of development with that the ability for imagination.

Subsequently, the physical and emotional effects of the therapeutic sequence are tested with a “body test”, i.e. the client is invited to remember the triggering situation and to perceive her current body sensations which are much more immediate than her thoughts). If they have clearly changed in the direction of more relief and relaxation, a step towards healing has been made. Emerson (2015, p. 61) refers to this process as the *imagery check*, when checking the immediately noticeable physical feedback to the visualization of the originally upsetting situation or memory. With the imagery check, you can test whether the situation is now experienced as being emotionally safer, or whether another round is necessary until all traumatic energy has been released from the system. When Mrs. Y mentally re-enters the situation with the symptom this time, she feels calm and distanced instead of feeling the usual intense feelings of disgust.

Dr. Zanotta points out that when ego state therapy is enhanced with body approaches, we can see these kinds of impressive and lasting changes. Normally, there are clear changes in the inner state towards more settling, reduction of symptoms, and healing, sometimes even quite soon, if the clients are relatively stable. Therefore, for the effects to last, just talking is not enough. The client needs to *experience* change so that new connections can be consolidated in the brain. First, as in the case of Mrs. Y, the inner feelings and sensations change, and then the behavior change can follow.

Current techniques used in hypnosis and ego state therapy sometimes do not suffice to access immature and undeveloped ego states because they do not have the language or power of imagination. You can see with Mrs. Y. when the body is included, these preverbal states can be accessed directly and easily, and the therapist can communicate with them via the body because body sensations and movements are sometimes the only way that a very young state can express itself.

We are grateful to Dr. Zanotta for sharing these two excellent complex cases. For additional clinical examples, please refer to her book, *Whole Again - Traumahealing with Ego State Therapy and Body Wisdom*, Carl Auer: Germany, 2019.

## ARTICLES AND RESEARCH



It is very important that this newsletter present relevant research and articles related to Ego State Therapy. We are delighted to present here a summary of Dr. Dvori Blumenau's research for her doctorate, "Facilitating Inner-Strength Building in Adolescent Girls with Depressive Symptoms through Ego-State Therapy and Creative Expressive Art in Therapy." This work was presented to the Faculty of Education at the University of Johannesburg in South Africa. For more information and questions, please contact Dr. Blumenau directly at [dvoriblum@gmail.com](mailto:dvoriblum@gmail.com)

Her study is designed as a case study of three adolescent girls with depressive symptoms between the ages of 15-18 years old. Dr. Blumenau's intention was to explore the impact of Inner Strength building, along with the Ericksonian principle of utilization, as well as creative expressive arts on depression. The need for this work is quite clear; she points out that depression in adolescents has increased dramatically in recent years, with depression among all children more than 5 times greater today than for those living 50 years ago.

Depression appears to be epidemic in the 21<sup>st</sup> century and is a major threat to psychological health and a leading cause of mental disability. And while previously affecting those in mid-life, recent issues that have affected the onset of depression in adolescence may include earlier biological maturation as well as the challenges of intense cognitive and psychosocial transformation. Others have cited increased stress in adolescence which is correlated with depression and the emergence of sexual hormones. The use of drugs and alcohol to self-medicate can also create more problems related to depression as can a decline in self-esteem with an increase in emotional instability, outbreaks, intense mood swings and negative emotions. Intense focus on self and identity formation may also be an important factor since depression impacts social relationships and also self-evaluation (Blumenau, 2019).

Dr. Blumenau makes important points in her rationale for her therapeutic approach to depression in this study. She points out the limitations of existing treatments like psychodynamic psychotherapy, which is lengthy and can be a problem in reimbursement, and CBT, which although showing more immediate positive results, ignores subliminal and emotional processes, so that deeper issues, like the "wounded inner child" does not receive help.

In explaining her focus on inner strength, in addition to its contribution to increasing self-esteem and reducing depression and other symptoms, the author points out that this approach can keep the client from becoming overly dependent on the therapist since inner strength assists the client in finding her own solutions. Blumenau's research question also involves the role of expressive arts to build inner strength, emphasizing that this modality may be the only portal to self-expression for some adolescents (Blumenau, 2019) while also reducing anxiety and depressive symptoms. Blumenau is rigorous in identifying the criteria for major depression and identifies its correlations with somatic symptoms, use of drugs and alcohol for self-medication, and intense mood swings.

In South Africa where this study was launched, the rate of depression among children and adolescents was 17% with the likelihood of depressive disorders increasing substantially at puberty. The author also points out how depression in females is more common than in males due to hormonal sensitivity and also to gender identity and role issues which can negatively impact. Specific to adolescence, stressors related to academic performance, social pressures and acceptance, and the function of social media in creating social isolation which can trigger depression.

She also makes interesting connections between inner strength, resilience, and depression. With inner strength, as well as other ego strengthening approaches, most experts agree that this process involves the mobilization of inner resources in past, present and future, thus linking to the efficacy of Ericksonian approaches to hypnosis and psychotherapy. While most hypnotic techniques in Erickson's time used direct suggestion, he focused on indirect approaches, utilizing the client's unique characteristics and insights to formulate a cure.

Blumenau's research involves a multiple case study design to obtain data from three female adolescents. The data collection was based on semi structured interviews with the three research subjects, ages 14-16. Her goal was to enhance knowledge of inner strength building through ego-state therapy and art in therapy. The research design consisted of 7 sessions plus a pre-session., during which ethical principles were discussed and a consent form was signed. Each participant also brought to the first session a song or poem that would best represent the "space" she was in at that time and a second song or poem that represented the space she wanted to be in. A genogram was created and the lifeline drawn with a discussion of the subsequent seven sessions

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During the second session, sand tray was used to help her identify what was happening in her life and how that affected her emotionally as well as how she wished her life to be and how it would feel to arrive there. Sessions three and four consisted of hypnotic experiences first to meet inner strength in a safe space, and then to activate an internal focus of control in order to allow the participant to tell her own story. In the third hypnosis session (session five), the subject identifies messages that come from inner wisdom and inner strength as well as messages that stem from critical voices. The participant is guided to realize how she allows mistaken messages about her to influence her negatively, and how she has the power to decide which messages are helpful and which ones should be discarded.

The sixth session involved the "tree of life" which can help subjects continue to expand their life story by focusing on important people including ancestors and those who can "witness" the client's assets and strengths. In the final session (session 7), a short hypnosis experience was used to integrating inner strength, anchoring and grounding. Following this, participants created a clay model of their evolved inner strength and engaged in free form writing on this topic.

Analysis of the data revealed that all three research subjects had improved their depressive symptoms of sadness, irritability, motivation, and worthlessness while making individual improvements in other symptoms. These changes were also supported by pre and post interviews with primary caregivers. The original scope of the research which allowed for seven sessions was expanded to nine to allow further improvements in depressive symptoms and in inner strength; she notes that even more sessions might be helpful. In comparison to other treatments of depression that might involve years of therapy with minimum relief, her ten-session model indicates impressive results and she recommends its use by other clinicians.

Dr. Blumenau's findings are impressive. Her contributions include the use of practical ideas and tools such as the principle of utilization in combination with inner strength building and creative arts activities to lower depressive symptoms and enhance inner strength and resilience. We are appreciative to the author for submitting this work to us.

## BOOK REVIEWS AND NEW BOOKS

We include here a review of Silvia Zanotta's book by Marie-Jeanne Bremer which was recently published in the newsletter of the European Society of Hypnosis.

**Wieder Ganz Werden** : Traumaheilung mit Ego-State-Therapie und Körperwissen *Whole Again - Traumahealing with Ego State Therapy and Body Wisdom* by Silvia Zanotta, 2019, Carl-Auer Verlag

The introduction to this didactical well-structured book is already in itself a whole program where the author pinpoints the philosophy and the theoretical frame for the work with Ego States and body-awareness.

The approach of Silvia Zanotta rests on guidelines given by:

- Milton H. Erickson's belief that solutions to human problems lie within the person, in the unconscious mind.
- Carl Rogers's concept of self-actualizing possibilities in an unconditional accepting therapeutical setting
- Eugene Gendlin's holistic mindful experiencing of *Focusing*
- John and Helen Watkins' work with Ego-state-Therapy
- Peter Levine's possibilities of Somatic Experiencing® for trauma solution
- Maggie Phillips' combination of Ego-State-Therapy and Somatic Experiencing®

Before developing the theoretical aspects, the author introduces, by means of therapy excerpts, the hypnosomatic approach in a vivid and a practically relevant way. Two core factors are in the spotlight and are repeatedly highlighted all over the book: the shaping of a supportive therapeutic relationship and the experiencing of the body. This repetition mirrors the necessity of ensuring continuously a secure base in the relationship, to foster regulation and coregulation, and to reiterate some important messages such as, *"It's all over."*

The second chapter gives an encompassing overview of the biological foundations and main theories for trauma resolution, the polyvagal theory of Stephen Porges, the triune brain, the inter-connection of the head, heart and gut-brain. The results of this scientific work and research have important implications for the therapeutic process and emphasize the importance of the *interpersonal* neurobiology in therapy. Silvia Zanotta knows in a masterful way how to explain complex interrelations and research in clear language and how to link theory and practice.

She coins the process of attachment as "medicine." Attachment and cooperation are the basement for corrective experiences which are essential to trauma resolution, particularly with regard to ego-states who are acting destructively. Ego-state-therapy as relational therapy is very helpful and therapists have to foster reliable connections on four levels: Cooperation between client and therapist; cooperation between the therapist and the various ego-states; cooperation between the client and various ego-states; and cooperation amongst the ego-states themselves. The reader finds a list of guiding principles for good communication with harmfully acting or blocking ego states.

The author leads us through the topics of dissociation and preverbal trauma, of anger, shame and guilt. I would like to stress particularly the well-documented chapter on shame. As a hidden emotion, shame is often underestimated or overlooked and therefore can hinder a profound healing. The discussion in this chapter covers, among others, some important subthemes: Shame and culture, different aspects of shame, differences between shame and being humiliated, and differences between healthy and poisonous shame and guilt.

Through all the chapters, we can appreciate numerous case reports which illustrate the accurate, careful, and caring approach of focusing on somatic perceptions and of combining this approach with Ego-State Therapy. Within the containing and respectful relationship with the therapist, the client may observe, discover perceptions and modifications of these perceptions with the confidence that the body knows what it needs for healing. The client is allowed to express with care the impulses of the body, facilitating in this way a profound healing. Hypnosomatic Ego-State-Therapy and Somatic Experiencing® enable in that way holistic attention and holistic healing.

## New Books



We're happy to introduce Dr. Sya Tien Redman's new book, *The Survivor's Secrets: Unlocking the Subconscious Mind's Grip on Reality*.

She presents five case histories in the book, each of which is focused on the symptom for which the patient consulted the therapist, the outer trauma which manifests in present time as a triggered symptom, the outer trauma in the past that originally created the symptom, and other trauma in the past that has the same emotional ingredients as the outer trauma in the present, and emotional pain in the past as well as the present. Dr. Redman explores the interplay of three levels of emotion in the case studies: Concrete events in the here and now, mid-level feelings such as sadness and anger, and the non-verbal level that takes form in annihilation and/or non-existence.

Dr. Redman's thesis is that, although every individual has a wide variety of ego states, she believes it is important to focus on a "malnourished" non-verbal Ego State that occupies a world of "non-existence, annihilation, destruction, loneliness and vulnerability." She further postulates that this target Ego State has another state that "watches over" the nonverbal state and is called "The Survivor." The role of the Survivor Ego State is to provide a powerful caring spirit to help heal this vulnerable Ego State and to take especially loving care of the related emotional condition of loneliness within the patient.

The main intervention that the author introduces, in addition to finding and working with the malnourished ego state and "the Survivor," is to "update" the Survivor to prevent its intended loving care from having a negative effect. This can happen, for example, when the Survivor protects itself by misinterpreting a current situation as originating from that time when the loneliness and vulnerability first manifested. Ego states related to past trauma also need to receive care, along with other ego states, all of which offers new perspectives to the Survivor. This updating for the Survivor provides additional help for the vulnerable nonverbal state beyond what took place in the past and reality of the present. As the author suggests, The Survivor is put on "equal footing with the symptom, the past trauma, and past history of emotional pain."

Case studies are compelling and include mostly short-term therapy. For a woman with catatonic states, seven sessions during two months; a morbidly obese woman who received four sessions in one month; a man who is terrified when his partners become pregnant and distances himself from his mates as well as from the children that ensue (11 sessions in ten years). Longer term therapy includes work with a woman who attempts various means to escape from herself (50 sessions over 2 years), and finally, a man who struggles with feelings of lust when focused on vulnerable children the age of his 8 year old daughter—shameful feelings that turn out to be related to his own sexual abuse at the same age (61 sessions over two years).

Results included reduction and even cessation of symptoms in all cases. Through ego-state therapy, all the clients learned different ways to regulate emotional pain related to clinical problems. Most experienced better self-communication, especially conscious and unconscious mind alignment and a greater sense of wholeness and freedom.

Feel free to contact Dr. Redman at [tien.redman@gmail.com](mailto:tien.redman@gmail.com) for more information about her book.

## NEWS FROM THE ESTI COMMUNITY

As a reminder, links to the websites of institutes offering Ego State Therapy training, can be found on the ESTI website at: <http://www.egostateinternational.com/links.php> Send an email to Hanlé Marais at [hanle@meisa.co.za](mailto:hanle@meisa.co.za) to upload any new links and training information on the website.

**United States**

We are off to a good start with the new EST certification program in the U.S. What we are finding is that there is much interest here thanks to the work of John and Helen Watkins, creators of Ego-State Therapy, yet there is little ongoing organized focus aside from the hypnosis societies. Wendy Lemke (see interview and bonus) has been teaching hypnosis regularly with the International Society for the Study of Trauma and Dissociation (ISSTD) and that has also included sections on Ego State Therapy, yet no full program exists as yet. At the end of September, 2019, I organized and taught an 8 day intensive programme in EST here in the Bay area which included a 3 day Foundations course, a 2 day Intermediate workshop, and a 3 day Advanced class in Somatic Ego-State Therapy®. In this next phase during 2020, we will be organizing training events in EST in various parts of the country including the northeast, the south, the midwest, and continuing here in California. As we have dates and locations, we will make that information available to you. The first confirmed dates are **March 1-3 "Foundations in Ego-State Therapy" in Monsey, New York**. The organizer is Leslie Laskin, LCSW, Licensed Therapists of Rockland, Associated Therapists of Rockland, (845) 425-9614, email [leslie.laskin@gmail.com](mailto:leslie.laskin@gmail.com)

**Germany**

Susanna Leutner from Germany reports: There are always good opportunities to present Ego-State Therapy in the international community of hypnosis. Last October members of EST-DE, the German group, joined the first Asian International Congress of Hypnosis in Mashhad, Iran. The colleagues there were eager to listen to the different specialties on body work with Ego States, the treatment of somatic problems and the combination and similarities of Ego State work in trance and with EMDR. Workshops and lectures were held by Dr. Woltemade Hartman, Elfie Cronauer, Dr. Helmut Rießbeck and Susanne Leutner. It was also a good opportunity to celebrate and chat about our latest news in Germany. In Germany the Ego State Family is still growing with new institutes in Hamburg and Köln and well visited training programmes all over. Training is also now offered in Coesfeld. The website [www.est-de.eu](http://www.est-de.eu) is being updated at the moment where you can get in touch with all the practitioners, supervisors and trainers in Germany. During May 2019 Germany also celebrated 15 years of Ego State Therapy in Rottweil, Germany. This was a very successful event with a variety of interesting workshops, lectures and panel discussions. Amazing how many years have gone by since Dr. Hartman presented his first workshop in September 2004. Ego State Therapy was also well presented at the Reden Reicht Nicht (Talking alone is not enough) congress in Bremen as well as at the Child Psychotherapy Congress Kindertagung, in Würzburg.

**Austria**

Woltemade Hartman reports that in Austria the popularity of Ego State Therapy is still growing since the training started in 2007. Training is offered in Vienna, Graz, Innsbruck and Grafenbach. During May 2019, the Milton Erickson Society of Austria (Vienna), celebrated its 30<sup>th</sup> anniversary and Ego State Therapy was very well presented at the congress. Austria will soon also have its own nationally and internationally accredited supervisors. If you are interested in attending workshops in Vienna have a look at the MEGA website at: <https://www.hypno-mega.at/>

**Australia**

Carl (Callie) Hattingh is very active teaching Ego State Therapy in Sydney and Melbourne. He and Woltemade Hartman are planning the introduction of an official training programme during August 2021. For more information please contact Carl at [info@aichp.com.au](mailto:info@aichp.com.au) and visit the website at <https://www.aichp.com.au/>



## South Africa

Dr. Elzette Fritz and Jenny da Silva-Faça will be presenting Ego State Therapy workshops during 2020. For more information please refer to the website at <http://www.meisa.biz/>

Dr. Hartman will present his annual Ego State Therapy Safari for German speaking therapists from 1-6 October 2020 at Mabula Lodge. More information available at: <http://www.meisa.biz/ego-state-therapie-deutsche-safari--october-2020.php>

## France

During the Emergences congress on 21-23 May 2020 in France, Woltemade Hartman, will present a keynote address and a workshop. His presentations will be in English with translation into French. For more information contact Dr. Claude Virot at [docteur.virot@free.fr](mailto:docteur.virot@free.fr)

Woltemade will also present a second Ego State Therapy training workshop from 14-21 October 2020 in Rennes. This will be a 6 day introductory workshop consisting of Seminar 1: Introduction to Ego State Therapy: Safety and Stabilization: Activation and Work with Resourceful Ego States and Seminar 2: Activation and Work with Symptom-Associated Ego States. The workshop will be in English with translation into French. Those interested in joining this workshop should contact Dr. Claude Virot at [docteur.virot@free.fr](mailto:docteur.virot@free.fr)

## Asia

Woltemade Hartman reports the following: In **Hong Kong** the first group of 39 professionals qualified as ego state therapists after 3 years of training in clinical hypnosis and Ego State Therapy. This group of professionals also successfully completed their training with Dr. Hartman in Ericksonian Hypnosis. Hong Kong now also has its first group of 6 junior assistants joining the second round of training which commenced in January 2020. In **Beijing, China** the third group of EST therapists are about to receive international certification. This is a large group of 52 professionals. Once this group qualifies, the Chinese professionals will be one of the largest qualified group of EST therapists internationally. **South Korea** is the next country in Asia that will soon start their EST training programme, details will be provided in the next newsletter.

## Assistants Programme

As mentioned in the previous newsletter, Woltemade Hartman has started an International Assistant's programme in Ego State Therapy. As he continues to expand the reach of EST, he is introducing a training program for assistants who might want to combine travel with applying their skills to assist within newer EST training programs. Current possibilities include Germany, Switzerland, Austria, France, Italy, Japan, China, Hong Kong, and Australia. For more information, please contact Woltemade at [info@meisa.com](mailto:info@meisa.com). We have an amazing team of senior international ego state trainers and supervisors currently travelling with Dr. Hartman to various international destinations. To name only a few, Dr. Silvia Zanotta (Switzerland), Dr. Ursula Helle (Germany), Doris Wehrli (Switzerland), Claudia Müller-Quade (Germany), Daniella Müller (Germany), Eva Schirmer (Switzerland) Margarethe Kruzchek-Schumacher (Germany), Tess Zeiss (Austria), Nina Petrik (Austria), Barbara Raninger (Austria), Silke Grossbach (Germany) and Satoko Koyama and Yoshikazu Fukui (Japan). Dr. Elzette from South Africa will also be joining the group.



Woltemade and assistants during the training in Japan

## INTERNATIONAL EGO STATE THERAPY CONGRESSES



## MEISA Psychotherapy Congress 2020

**Trance, Treasures, Trauma, Touch and Transformation**

Including the 7<sup>th</sup> World Congress on Ego State Therapy

**21 April 2020: Pre Congress Workshops Vineyard Hotel, Cape Town**

**23-25 April 2020: Main Congress Vineyard Hotel, Cape Town**

**27-30 April: Post Congress Safari, Mabula Lodge**

**Language: English and German**

**International Faculty**

**Special Pre-Congress Ego State Therapy workshops: 21 April 2020**

- Advanced Workshop focusing on Hypnosis, Pain, Ego State Therapy and Somatic Therapeutic Approaches. Taught by Dr. Woltemade Hartman (SA) and Dr. Maggie Phillips (USA). Learn from our combined 56 Years of Experience in Teaching and Practicing Ego-State Therapy.
- Innere Kritiker, Verfolger, Zerstörer: die Arbeit mit sogenannten maladaptiven Ego-States. Dr. Med Jochen Peichl (Germany)

**Information, programme and registration:** <http://www.meisa.biz/meisa-congress-april-2020.php>

**Contact:** Hanlé Marais at [info@meisa.co.za](mailto:info@meisa.co.za)

## IN CLOSING

My thanks to all who submitted material for this issue and to Hanlé Marais for her layout and organizational skills.

Thanks for taking the time to read this edition of the ESTI Newsletter. We hope you will want to send us comments, feedback, and suggestions. Please direct these to [maggiephillipsphd1@gmail.com](mailto:maggiephillipsphd1@gmail.com)

The **deadline** for the **next edition** of the ESTI Newsletter is **June 1, 2020**. I look forward to receiving your contributions. I hope you will consider submitting your training events, clinical innovations, articles, and other news about research and books in the area of Ego-State Therapy. Let us know if there is any way we can support your growth.

With my very best wishes,

Maggie Phillips, Ph.D.  
ESTI Newsletter Editor

A total of **362** certificates were issued till date.  
Please visit the ESTI website for the names of certified therapists, supervisors and trainers.  
[www.egostateinternational.com](http://www.egostateinternational.com)

For any changes to your details on the ESTI website send an email to Hanlé Marais at: [hanle@meisa.co.za](mailto:hanle@meisa.co.za)